



Physical Activity Readiness Questionnaire (PAR-Q)

For most people, physical activity should not pose any problems or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

First Name: Surname: D.O.B. Venue:

Address:

Telephone Home) Mobile.....

Email:.....

	YES	NO
1. Has your doctor ever said you have heart trouble?		
2. Do you experience pains in your chest when you do physical activity?		
3. Do you ever feel faint or have spells of severe dizziness?		
4. Has a doctor ever said your blood pressure was too high?		
5. Has your doctor ever told you that you have a bone or joint problem(s), such as arthritis that has been aggravated by or might be made worse with exercise?		
6. Do you suffer from any problems of the lower back, i.e., chronic pain, or numbness?		
7. Are you currently Pre or Post-Natal?		
8. Are you currently taking any medications?		
9. Do you suffer from Diabetes/ Epilepsy?		
10. Do you currently have a disability or a communicable disease?		
11. Have you been in hospital or had any type of surgery in the last 3 years?		
12. Are you asthmatic or do you suffer from breathing difficulties?		
13. Have you ANY medical condition which you feel Commando Fit should be aware of or could prevent you following a physical training programme?		

If you answered yes to any question above then please provide further information below:

Question	Further information/ explanation

If you answered Yes to any of the above questions this may be a contra-indication to exercise and you may need written permission from your General Practitioner (GP) before participating in physical and aerobic fitness activities and/or fitness evaluation testing. Please seek advice from your surgery/ practice nurse or GP.

If you answered NO to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities and/or fitness evaluation testing. The fact that you answered NO to the above questions is no guarantee that you will have a normal response to exercise. If you feel any type of unusual discomfort or pain during the sessions the please feel free to stop the activity. However, you should be prepared to push yourself out of your usual comfort zone in this type of physical training programme. **IF IN DOUBT THEN PLEASE USE A COMMON SENSE APPROACH.**

Please Note: If there are any changes to your health and/or fitness it is your responsibility to inform the instructors before the commencement of any physical training session.

Print Name..... Signature Date.....

What do you feel your current level of fitness is (please tick)

Unfit		Average		Quite/ Very fit	
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How did you get to hear about Commando Fit?

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Have you a main goal you want to work towards?

Waiver, Release, and Assumption of Risk Form

I, _____, have volunteered to participate in a fitness programme or fitness testing provided to me through Commando Fit (a division of the business Re-Evolve Ltd), which may include, but may not be limited to, resistance training and aerobic or cardiovascular exercise. In consideration of Re-Evolve Ltds agreement to instruct and train me, I do here now and forever release and discharge and hereby hold harmless Re-Evolve and their respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting there from.

THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT BELONGING TO TRAINER OR TO MYSELF THAT MAY MALFUNCTION OR BREAK; (2) ANY SLIP, FALL, DROPPING OF EQUIPMENT; (3) AND/OR INSTRUCTION OR SUPERVISION.

I understand and am aware that any exercise program, whether or not performed outdoors and/or requiring the use of exercise equipment, is a potentially hazardous activity. I have hereby declared myself physically sound and suffering from no condition (other than those indicated on the PAR-Q form) that would, to my knowledge, prevent me from using equipment or facilities provided by the Commando Fit instructors. Any condition/s that may cause problems during exercise have been discussed in full with the Commando Fit instructors and I have sought medical advice before participating where the Commando Fit instructors have advised me to do so. I also understand and am aware that any exercise and/or fitness activities involve a risk of injury, as well as abnormal changes in blood pressure, fainting, and a remote risk of heart attack, stroke, other serious disability or death, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury, regardless of severity, or death.

I have been advised that an examination by a physician should be obtained by anyone prior to commencing a fitness and/or exercise program, or initiating a substantial change in the amount of regular physical activity performed. If I have chosen not to obtain a G.P.'s consent prior to beginning this fitness related Commando Fit programme, I hereby agree that I am doing so solely at my own risk. In the case where I have sought medical advice, I have been advised that it is safe for me to participate in exercise. In any event, I acknowledge and agree that I assume the risks associated with any and all fitness related activities and/ or exercises in which I participate.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST RE-EVOLVE Ltd, ITS EMPLOYEES, AGENTS, OR CONTRACTORS. FURTHER TO THIS RE-EVOLVE Ltd CANNOT BE HELD RESPONSIBLE FOR ANY PERSONAL EQUIPMENT LEFT IN VEHICLES OR LEFT IN THEIR POSSESSION AND ARE LEFT AT THE OWNERS RISK.

This form is an important legal document that explains the risks you are assuming by beginning an exercise programme. It is critical that you have read and understand this document completely. If you do not understand any part of this document, it is your ultimate responsibility to ask for clarification prior to signing it.

Participant's signature..... Date.....

Parent or legal guardian name and signature (under 18)..... Date.....